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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES REQUESTS TO OTHER STATE AGENCIES

Any income, resource or eligibility information not specified in 42 CFR 435.948 (a) (1) through (a) (5), concerning AHCCCS applicants and recipients is routinely requested and verified from other agencies within Arizona and other states administering the program described in 42 CFR 435.948 (a) (6).

TN No. 37-/ Supersedes TN No.

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